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FIT Clinical Decision Making

AN UNUSUAL CAUSE OF CONSTRICTIVE PERICARDITIS AFTER CORONARY BYPASS SURGERY

Poster Contributions
Poster Hall B1
Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: FIT Clinical Decision Making: Arrhythmias and Pericardial Disease
Abstract Category: Pericardial Disease
Presentation Number: 1248-157

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Background: Classic constrictive pericarditis is characterized by impaired cardiac filling secondary to a calcified pericardium from chronic inflammation. Constrictive physiology may also occur without chronic pericardial calcification and display an atypical presentation. We describe an unusual case of constrictive pericarditis after coronary artery bypass graft surgery related to retained surgical gauze and highlight the clinical challenges to diagnosis.

Case: A 61 year old male with a past medical history of hypertension and diabetes presented with chest pain. Coronary angiography revealed significant left main and three vessel disease. The patient underwent successful coronary artery bypass grafting. The post-operative course was marked by persistent leukocytosis without an identifiable source. The patient returned soon after discharge with dyspnea on exertion, signs of fluid overload, and a pulsus paradoxus of 15 mmHg.

Decision Making: An echocardiogram showed no pericardial effusion but new findings of septal bounce, respiratory variation of the doppler inflow velocities and expiratory reversal of hepatic vein flow, consistent with constrictive physiology. There was also a region of echodensity along the right ventricle that appeared to be clot. Further delineation with computed tomography was suspicious for surgical gauze with surrounding hemopericardium. The patient underwent surgical removal of gauze and clot. A repeat echocardiogram showed improvement in the features of constrictive physiology. The patient's leukocytosis resolved and he was discharged without symptoms.

Conclusion: The case demonstrates the importance of a thorough examination when evaluating patients after cardiac surgery. Various processes may lead to constrictive physiology without classic characteristics of pericardial thickening and calcification. A high index of suspicion and early recognition of this condition is needed for appropriate diagnosis and management.